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TYPE SMALL ENTITY **ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE **DATE DUE** nonprovisional NO \$1330 \$0 \$1330 09/22/2004 **EXAMINER** ART UNIT CLASS-SUBCLASS 1621 564-162000 KUMAR, SHAILENDRA 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). THE FIRM OF 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or 1_HUESCHEN_AND_SAGE agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent Fee Address" indication (or "Fee Address" Indication form attorneys or agents. If no name is listed, no name PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. will be printed. 3. 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